

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <b>RIGHT WAY INITIATIVE INC.</b>		3. FEC Identification Number <b>C</b> <b>C90015801</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <b>PO BOX 27</b>		
(c) City, State and ZIP Code <b>ALEXANDRIA VA 22313</b>		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report  
☐ July 15 Quarterly Report ☒ 24-Hour Report  
☐ October 15 Quarterly Report ☐ 48-Hour Report  
☐ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on

/  /

5. COVERING PERIOD:

FROM  /  /   
THROUGH  /  /

6. TOTAL CONTRIBUTIONS.....

.00

7. TOTAL INDEPENDENT EXPENDITURES .....

17544.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

MICHELE REISNER

SIGNATURE

MICHELE REISNER

DATE

[Electronically Filed]

03/03/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2 OF 2  
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)  
RIGHT WAY INITIATIVE INC.Full Name (Last, First, Middle Initial) of Payee  
AXIOM STRATEGIES

Date of Public Distribution/Dissemination

MM / DD / YYYY  
03 / 02 / 2016Mailing Address  
1251 NW BRIARCLIFF PARKWAY  
SUITE 85

Amount

City State Zip Code  
KANSAS CITY MO 64116Amount  
17544.00

Transaction ID : F57.000001

Purpose of Expenditure  
PRINTING / POSTAGECategory/  
Type 004Office Sought: ☒ House State: OH  
☐ Senate District: 08  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
TIMOTHY DERICKSONCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 295373.00Disbursement For: ☒ Primary ☐ General  
2016  
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Amount

Purpose of Expenditure

Category/  
TypeOffice Sought: ☐ House State: \_\_\_\_\_  
☐ Senate District: \_\_\_\_\_  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office SoughtDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Amount

Purpose of Expenditure

Category/  
TypeOffice Sought: ☐ House State: \_\_\_\_\_  
☐ Senate District: \_\_\_\_\_  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office SoughtDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 17544.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....▶

(c) TOTAL Independent Expenditures.....▶ 17544.00  
(carry total from last page forward to Line 7)